

المجموع

Total

## طلب رفع سقف العمالة المنزلية ومن في حكمهم Ceiling Increase Request For Domestic Workers

Employer Information Personal No. Personal	Place of Application				مكان تقديم الطلب		
Personal No. بالإسلام المنافعة الله المنافعة ا							
Application Details (Fill the required only)    Capital Special Company Celling   Capital Light   Capital Ca	<b>Employer Information</b>			عمل	معلومات صاحب الع		
Application Details (Fill the required only)    Cape   Cape   Cape   Cape   Cape   Cape	Personal No. الرقم الشخصي	lame			الاسم		
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Domestic Name to be replaced  Personal No.  Personal No.  Personal No.  Personal No.  Personal No.  Personal No.  Personal Male  Domestic departure date  Personal Male  Personal Male  Personal Male  Requested Gender  Personal Male  Requested Occupation  Application Details  The undersigned have delegated Mr./Ms  Can my behalf to complete all the required processes in accordance to the rules and procedures in the labour Market Regulatory Authority (LiMRA), and I will be responsible for all the legic Genote generate of all the legic Genote generate of all the legic Genote generate gener	Temporary Ceiling						
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Requested Gender	Personal No. الرقم الشخصي	Previous Occupation	المهنة سابقأ	أنثى	ذکر		
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Requested Occupation عليه المطلبية المطلبة المعلقة ال		انثِي _ انثِي	ذکر خکر				
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* Applicant proof of need	* مبررات صاحب العمل لطلبه
Additional income details by the family members or relatives	بيانات الدخل الإضافي مِن قبل أفراد الأسرة أو الأقارب

Additional inc	ome details by th	e family mer	nbers or relatives	الأسرة أو الأقارب	ـن قبل أفراد	الدخل الإضافي ه	بیانات
التوقيع Signature	رقم الهاتف النقال Mobile No.	صلة القرابة Related	Personal No.	الرقم الشخصي	Name	الاسم	الرقم No.
							1
							2
							3

ملاحظة؛ التوقيعُ أعلاه من قبل أحد أفراد الأسرة أو الأقارب مفاده علمه بهذا الطلب وما يترتب عليه من آثار أمام الهيئة.

Note: The signature above by the family members or the relatives indicates that they are informed about this application and they are responsible for all its consequences in front of LMRA.

## **Required Documents**

## المستندات المطلوبة

- ا– ملء الإستمارة بجميع البيانات المطلوبة من الجهتين.
- ٢ نسخة من جهتي بطاقات الهوية لأفراد العائلة ( الزوج الزوجة الأبناء).
  - ٣ مصدر الدخل ويتم اثباته عن طريق: كشف راتب معتمد.
- 3 لأصحاب الأعمال: كشف حساب مصر في متحرك يبين دخل صاحب الطلب خلال الثلاث الأشهر الأخيرة على الأقل وصور من السجل لسائقي سيارات الأجرة ما يثبت ملكية السيارة
   ورخصة السياقة لأول تصريح عمل ويرفق كشف حساب في حال التقدم لتصاريح عمل أخرى للبحارة ما يثبت ملكية المركب ورخصة الصيد لأول تصريح عمل ويرفق كشف حساب في حال التقدم لتصاريح عمل أفرى لأصحاب العقارات والشقق ترفق بطاقات العناوين وعقود الإيجار.
  - ٥ يجب أن تكون إقامة صاحب العمل صالحة لمدة لاتقل عن ٦ أشهر على موافقة اصدار التصريح.
    - ٦ إرفاق بيانات بطاقة الهوية لمقدم الطلب، ونسخة من سجل التخليص (للمخلصين).
      - ٧ إرفاق ما يثبت إقامة صاحب العمل الخليجي وأفراد أسرته في مملكة البحرين.
    - ٨ في حال تغيير أي من البيانات المذكورة مسبقاً يرجى الإتصال بالهيئة والإفادة بذلك.
      - إرفاق ما يثبت الحاجة المشار لها في الإفادة أعلاه.

- 1- Fill the form with required data from both sides.
- 2- Copies for both sides of ID card for all family members (Husbands-Wife-Children).
- 3- Source of income certified by: -Salary Slip.
- 4- Businessman: 3 months banks statement, car ownership, driving license (First work permit application)- Sailor: sail boat ownership
  - fishing license (First work permit application), bank statement Real-estate owners: address cards and rent contracts.
- 5- Non Bahraini the employer should have a residency permit valid for at least 6 months period upon approval to issue the permit.
- 6- Povide ID card data for applicant, and a copy of clearance CR (agents).
- 7- GCC nationals applicant should provide proof of residency for himself and his family members in the Kingdom of Bahrain.
- 8- In case of change of any of the above mentioned data ,please contact LMRA to declare about it.
- \* Attach proof's of need as per above requirements